

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

IN RE: **MCSWAIN ELEMENTARY SCHOOL**  
Water System No. 2400079

TO: Mr. Stan Mollart, Superintendent  
McSwain Elementary School  
926 North Scott Road  
Merced, CA 95341

CC: Merced County Environmental Health Department  
Westside Water Conditioning, 4 West G Street Los Banos, CA 93635

**CITATION FOR NONCOMPLIANCE**  
**TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**  
**March 2014**

Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued thereunder.

**VIOLATION**

The Drinking Water Field Operations Branch of the California Department of Public Health (hereinafter 'Department') hereby issues a Citation to McSwain Elementary School (hereinafter 'School'), for failure to comply with Section 116555(a)(1) of the CHSC and Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the



1 School (mailing address: 926 North Scott Road Merced, CA 95341) failed to comply with  
2 the total coliform Maximum Contaminant Level (MCL) for the month of March 2014.

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4 Section 64426.1(b)(2) specifies that a public water system collecting fewer than forty (40)  
5 samples per month is in violation of the total coliform MCL when more than one (1) sample  
6 collected during any month is total coliform-positive.

7  
8 The School is required to collect a minimum of three distribution system bacteriological  
9 samples per month. On March 13, 2014, the School submitted bacteriological water quality  
10 analysis results for two routine samples that were positive for total coliform bacteria. The  
11 samples were absent for fecal coliform or Escherichia coli (E.coli) bacteria. On March 17,  
12 2014, the School collected three (3) distribution system repeat samples and three source  
13 samples. Two of the three distribution system repeat samples were positive for total  
14 coliform bacteria only; no E. coli bacteria. All three source samples were absent for total  
15 coliform bacteria. On March 19, 2014, after emergency chlorination of the water system, the  
16 re-sample results of the repeat locations were absent for total coliform bacteria. The  
17 following month, the five routine samples collected on April 25, 2014, were absent for total  
18 coliform bacteria.

19  
20 The above violation is classified as a non-continuing violation.

21  
22 **NOTIFICATION REQUIREMENTS**

23 Section 64426.1(c) requires a public water system to notify the Department and the  
24 consumers of the water system, when a violation of Section 64426.1(b)(1) through (4)  
25 occurs. Notification to the Department shall be by the end of the business day on which the  
26 violation has been determined. If the Department is closed, notification shall be within 24  
27 hours of the determination.



1  
2 Effective April 1, 2014, regulatory jurisdiction oversight of the School's Water system was  
3 transferred of the California Department of Public Health (Department).  
4

5 At the time the total coliform MCL violation occurred, the School was under the regulatory  
6 jurisdiction of the Merced Environmental Health Department (County). The County was  
7 notified in accordance with the above-referenced section.  
8

9 A Tier 2 Public Notice for violations of paragraphs 64426.1(b)(1) or (2)) shall be given  
10 pursuant to Sections 64463.4 and 64465. The Tier 2 Public Notice shall include the  
11 mandatory health effects language from Appendix 64465-A for a total coliform MCL  
12 failure.  
13

14 Section 64463.4 allows non-community water systems to notify customers/consumers of the  
15 TCR MCL violation by posting a Tier 2 notice in conspicuous locations throughout the area  
16 served by the School and the use of one or more of the following methods to notify persons  
17 not likely reached by posting: publication in a daily or weekly newspaper or newsletter  
18 distributed to customers, email message to employees or students, posting on the Internet or  
19 intranet, or direct delivery to each customer. The Tier 2 notification methods are included  
20 in Attachment B along with instructions on completing the public notice. In addition to  
21 public posting, the School shall either mail or conduct direct delivery of the public notice to  
22 all customers served within the general service area. Section 116450(g) requires that upon  
23 receipt of notification from a public water system, schools must notify school employees,  
24 students, and parents (if the students are minors), residential rental property owners or  
25 managers (including nursing homes and care facilities) must notify their tenants and  
26 business property owners, managers or operators must notify employees of businesses  
27



1 located on the property. These secondary notification requirements are included in the  
2 public notice.

3  
4 On March 18, 2014, the School provided bottled water and posted a "Do Not Drink" public  
5 notification throughout the service area as a precaution.

6  
7 **DIRECTIVES**

8 The McSwain Elementary School is hereby directed to take the following actions:

- 9  
10 1. By **May 30, 2014** the School shall provide proof of hand or mail delivery **and** public  
11 posting of the total coliform MCL violation notification to each consumer using  
12 Attachment C, to:

13  
14 Kassy Chauhan, P.E., Senior Sanitary Engineer  
15 Merced District  
16 California Department of Public Health  
17 Drinking Water Field Operations Branch  
18 265 W. Bullard Avenue, Suite 101  
19 Fresno, CA 93704

- 20 2. By **May 30, 2014**, the School shall submit a written response to the Department  
21 acknowledging that it has received this citation and will comply with all the  
22 directives listed herein.

- 23 3. The Water System shall continue its investigation into the cause of the positive  
24 samples. By **May 30, 2014**, the Water System shall advise the Department in  
25 writing of the findings of this investigation and any corrective actions taken. An  
26 investigation form is provided in Attachment D. The investigation shall include, but  
27 not be limited to, the following:



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- a) Current operating procedures that are or could potentially be related to the increase in bacterial count, such as main repairs or well work conducted without disinfection.
- b) System pressure loss to less than 5 psi.
- c) Potential cross connections.
- d) Physical evidence indicating bacteriological contamination of facilities (such as openings in the well casing, storage tank or evidence of animal activity in the vicinity of the well).
- e) Analytical results of any additional investigative samples collected, including well samples.
- f) Residents' illness suspected of being waterborne.
- g) Records of the investigation and any action taken.

**CIVIL PENALTIES**

Sections 116650(d) and 116650(e) of the CHSC allow for the assessment of a civil penalty for failure to comply with requirements of the Safe Drinking Water Act. Failure to comply with any provision of this Citation may result in the Department imposing an administrative penalty of not less than \$100 (one hundred dollars) per day as of the date of violation of any provision of this Citation.

5-12-14  
Date

Kassy D. Chauhan  
Kassy D. Chauhan, P.E.  
Senior Sanitary Engineer, Merced District  
Southern California Branch  
DRINKING WATER FIELD OPERATIONS BRANCH



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**Attachments:**

- Attachment A: Summary of Bacteriological Samples collected in March-April 2014
- Attachment B: Tier 2 Public Notice
- Attachment C: Proof of Notification
- Attachment D: Positive Total Coliform Investigation form

CLC/mlm/2400079/TCRMCL March 2014.doc

## Bacteriological Distribution Monitoring Report

**2400079 MCSWAIN ELEMENTARY SCHOOL**
*Distribution System Freq: 1/M*

<i>Sample Date</i>	<i>Location</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Type</i>	<i>Cl2</i>	<i>Violation</i>	<i>Comment</i>
3/13/2014	Site MC-Rm 8	3.6	<1.1			Routine		MCL	
3/13/2014	Site WC-C4	2.2	<1.1			Routine			
3/17/2014	Site C-4	1.1	<1.1			Repeat			
3/17/2014	Site Rm 8	<1.1	A			Repeat			
3/17/2014	Well 1	<1.1	A			Source R			
3/17/2014	Well 2	<1.1	A			Source R			
3/17/2014	Well 3	<1.1	A			Source R			
3/17/2014	Well 3 Storage Tank	1.1	<1.1			Repeat			
3/19/2014	C4	<1.1	A			Other			
3/19/2014	Well 3 Storage Tank	<1.1	A			Other			
4/25/2014	Rm 17	<1.1	A			Routine			<i>Follow up samples</i>
4/25/2014	Rm 8	<1.1	A			Routine			<i>Follow up samples</i>
4/25/2014	Rm A2	<1.1	A			Routine			<i>Follow up samples</i>
4/25/2014	Rm C4	<1.1	A			Routine			<i>Follow up samples</i>
4/25/2014	Storage Tank	<1.1	A			Routine	0.0		<i>Follow up samples</i>

### *Violation Key*

MCL	Exceeds the maximum contaminant level	MR4	Did not collect 5 routine samples for previous month's positive sample
MR1	No monthly sample for the report month	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR2	No quarterly sample for the report month	MR6	No source sample
MR3	Incorrect number of routine samples for the report month	MR7	No summary report submitted
		MR8	Other comments and/or info.

**IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER**

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

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**McSwain Elementary School Has Levels of Coliform Bacteria  
Above the Drinking Water Standard**

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Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took ten (10) samples to test for the presence of coliform bacteria in March 2014. Three (3) of these samples showed the presence of total coliform bacteria. The standard is that no more than one (1) sample per month may show the presence of coliform bacteria.

**What should I do?**

- On March 18, 2014, a Do Not Drink public notice was posted throughout the school and bottled water provided as a precaution.
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing and further testing shows that this problem has been resolved.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

**What happened? What is being done?**


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For more information, please contact \_\_\_\_\_ at \_\_\_\_\_ or 926 N. Scott Rd. Merced CA.

This notice is being sent to you by McSwain Elementary School Water System. State Water System ID#: 2400079.

Date distributed: \_\_\_\_\_.

**PROOF OF NOTIFICATION**

(Return with copy of notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **McSwain Elementary School** of the failure to meet the **Total Coliform Rule Maximum Contaminant Level requirement** for March 2014 as directed by the Department.

Notification was made on \_\_\_\_\_ by \_\_\_\_\_  
(date)

hand delivering / mailing / posting / publishing the written notice.  
(circle all that apply)

\_\_\_\_\_  
Signature of Water System Representative

\_\_\_\_\_  
Date

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Due: May 30, 2014  
Total Coliform MCL violation: March 2014  
System Number: 2400079  
Citation No.: 03-11-14C-002

### POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

#### ADMINISTRATIVE INFORMATION

<b>PWS Name:</b>		<b>PWSID NUMBER:</b>	
<b>Operator in Responsible Charge (ORC)</b>	<b>Name</b>	<b>Address</b>	<b>Telephone #</b>
<b>Person that collected TC samples if different than ORC</b>			
<b>Owner</b>			
<b>Certified Laboratory for Microbiological Analyses</b>			
<b>Date Investigation Completed:</b>			
<b>Month(s) of Total Coliform MCL Failure:</b>			

#### INVESTIGATION DETAILS

<b>SOURCE</b>	<b>WELL (name)</b>	<b>WELL (name)</b>	<b>WELL (name)</b>	<b>WELL (name)</b>	<b>COMMENTS</b>
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

<b>TREATMENT</b>	<b>PLANT (NAME)</b>	<b>PLANT (NAME)</b>	<b>PLANT (NAME)</b>	<b>PLANT (NAME)</b>	<b>COMMENTS</b>
1. If you provide continuous chlorination treatment, was there any equipment failure? Did the distribution system maintain a chlorine residual?					
a. Was emergency chlorination initiated?					
b. If yes, for how long?					

# POSITIVE TOTAL COLIFORM INVESTIGATION

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TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
2. Did the distribution system lose chlorine residual?					
3. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes., when?					
4. Inspect each point where disinfectant is added and report a. For hypochlorinator systems					
1. Is the disinfectant feed pump feeding disinfectant?					
2. What is the feed rate of disinfectant in ml/minute					
3. What is the concentration of the disinfectant solution being fed? (percent, or mg/l of chlorine as HOCl)					
4. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					
5. What is the age (days) of the disinfectant solution currently being used at this treatment location?					
6. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?					
7. What is the <b>total</b> chlorine residual measured immediately downstream from the point of application?					
8. What is the <b>free</b> chlorine residual measured immediately downstream from the point of application?					
9. What is the contact time in minutes from the point of disinfectant application to the first customer?					

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Is the roof/cover of the tank sealed and free of any leaks.					
6. Is the tank above ground or buried. a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
8. Does the tank "float" on the distribution system or are there separate inlet and outlet?					

# POSITIVE TOTAL COLIFORM INVESTIGATION

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STORAGE	TANK	TANK	TANK	TANK	COMMENTS
	(name)	(name)	(name)	(name)	
lines?					
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today?					
10. What is the volume of the storage tank in gallons?					
11. Is the tank baffled?					
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES			
	1. What is the minimum pressure you are maintaining in the distribution system?			
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding?				
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.				
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?				
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?				
6. If there was a mainline leak, when was it repaired?				
7. On what date was the distribution system last flushed?				
8. Is there a written flushing procedure you can provide for our review?				
9. Do you have an active cross connection control program?				
10. What is name and phone number of your Cross-Connection Control Program Coordinator?				
11. Is the review and testing of backflow prevention devices current?				
12. On what date was the last physical survey of the system done to identify cross-connections?				

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

# POSITIVE TOTAL COLIFORM INVESTIGATION

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)				
	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny).				

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

## POSITIVE TOTAL COLIFORM INVESTIGATION

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### ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

**SUMMARY:** BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

**CERTIFICATION:** I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_